

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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50						
TOTAL IND.	/		/			
TOTAL DEP.	8		28			
TOTAL CLAIMS	9		29			

1	IND.	DEP.	1	IND.	DEP.	1	IND.	DEP.
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TOTAL CLAIMS								